## DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)                    |   | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395736 |  | (X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:  |  | (X3) DATE SURVEY COMPLETED: 06/14/2023 |  |
|---|---|---|--|---|--|--|--|
| NAME OF PROVIDER OR SUPPLIER: WILLOWBROOKE COURT AT GRANITE FARMS ESTATES |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE: 1343 WEST BALTIMORE PIKE WAWA, PA 19063 |   |  |  |  |
| STATE LICENSE NUMBER: 073602  |   |   |  |   |  |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT<br>MUST BE PRECEEDI<br>IDENTI   |   | ID<br>PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH<br>CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE |  | (X5)<br>COMPLETE<br>DATE               |  |
| F 0000  | Based on a follow-up survey completed on June 14, 2023, it was determined that Willowbrooke Court at Granite Farms Estates corrected all the deficiencies cited during the Medicare/Medicaid Recertification, State Licensure and Civil Rights Compliance survey of May 11, 2023, under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process. |   | F 0000   |   |  |  |  |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE: |
|---|--------|------------|
|   |        |            |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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## **Certified End Page**

## WILLOWBROOKE COURT AT GRANITE FARMS ESTATES

STATE LICENSE NUMBER: 073602 SURVEY EXIT DATE: 06/14/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY